lary adenitis and otitis. Other complicating conditions noted were : abscess of the mediastinum, œdema of the glottis, gangrene of the larynx, endocarditis, cerebro-spinal meningitis, pleurisy, icterus, eclampsia, and nephritis. There were fifty-one cases of paralysis, most frequently localized to the uvula, rarely generalized. In two cases the paralysis, of hemiplegic type, was due to a lesion of the brain.

Diphtheria complicating other infections was particularly grave. In twenty-five tuberculous cases the mortality was 21.

Bacteriologically the long bacillus was found in one-quarter of the cases, and the medium and short in the other three-quarters. Streptococci were observed almost constantly in the cultures, whence the author concludes that the simultaneous presence of diphtheria bacilli and streptococci is without prognostic significance.

A Lymphatic Anæmia Met with in Children.—ALEXANDER MACGREGOR (*The Lancet*, September 29, 1900, p. 931) calls attention to a form of anæmia which he believes has not been hitherto described, and which in his experience is not uncommon in children, but is never met in the adult.

The signs and symptoms are so characteristic that it cannot be mistaken for any other form of anæmia or affection of the lymphatics. Of twenty-three cases of which notes have been preserved the ages ranged from three to sixteen years, and eighteen of these patients were between three and eleven years of age; nineteen were boys and four girls. In no case was there a history of an acute stage or sudden onset. The disease runs a very chronic course, and recovery is the rule. The history of the cases shows that the glandular affection is in no way connected with those enlarged glands which usually become (or are from the first) tuberculous, and the characteristic adenitis and the chronic course distinguish it from glandular fever. The anæmia may or may not be very marked ; the adenitis is always marked, but it is easily overlooked, because none of the glands are large enough to attract the eye. The glands are small and hard, and they are always numerous in the cervical triangles and in the groins. The axillary glands are never affected. That the bronchial glands are frequently, if not always, enlarged one may safely infer from the fact that cough is in many cases a troublesome symptom when there is nothing in the lungs to cause it. The mesenteric glands are probably also affected, but abdominal symptoms are rare. The spleen is distinctly increased in size in a large proportion of cases. Catarrhal pneumonia of one or both bases is not uncommon ; in one case there was pleural effusion, and in another well-marked signs of thickened pleura.

The blood shows a decrease of the red and a large increase of the white corpuscles, and of the latter the increase of the large uninucleated corpuscles is very striking. The lymphocytes form from 12 to 13 per cent., the large uninucleated from 20 to 39 per cent., the multinucleated from 41 to 63 per cent., and the eosinophiles from 2 to nearly 7 per cent. The increase of the large uninucleated corpuscles from 6 (normally) to 39 per cent. is thus seen to be very marked. In two cases the multinucleated and the large uninucleated corpuscles were present in practically equal numbers, and very few small lymphocytes were seen.

There is always a history of gradually failing health, listlessness and fatigue, loss of flesh, and anæmia. Cough is frequently troublesome, and is usually worse at night. Appetite is poor, but the tongue is clean, and the bowels constipated.

Arsenic and iron are naturally suggested, and, with cod-liver oil, produce satisfactory results. Improvement is slow in all cases, and the glandular enlargements gradually disappear. In none of the cases observed has local or general tuberculosis resulted. The cough is a troublesome symptom and yields slowly to the treatment.

Morphine Poisoning in an Infant Successfully Treated with Potassium Permanganate.—JOHN A. BARKER (*New York Lancet*, July, 1900) reports a case of poisoning in an infant four days old, which had been given one-fourth of a grain of morphine by mistake. The infant was found in stupor, cyanotic, with cold skin, dilated and insensible pupils, slow stertorous breathing, and a pulse so feeble that it could not be counted. Two grains of permanganate were given by hypodermatic injection, heat was applied to the surface, and artificial respiration performed. A few minutes after this violent convulsions began, and although breathing was imperceptible, a second hypodermatic injection of the permanganate was given and the Schultze method of artificial respiration was continued. After about five minutes breathing was noticed and the pulse could be felt. Coma continued for half an hour, and a third dose of permanganate was given. Improvement rapidly ensued, and recovery was complete.

The Diagnostic Importance of the Meningococcus Intracellularis.—LOUIS FISCHER (*Pediatrics*, October 15, 1900, p. 290) calls attention to the fact that the toxin of the meningococcus of Weichselbaum is distinctly less virulent than that of the streptococcus, pneumococcus, bacterium coli, or the influenza bacillus. Many cases of epidemic cerebro-spinal meningitis recover, even though the disease assumes a purulent character, while the meningitis resulting from otitis media always terminates fatally, and almost an equal fatality attends sporadic meningitis of purulent type due to one or other of the organisms mentioned. An important point to remember in differentiating the epidemic form from the sporadic form is that the duration of the epidemic is always very lengthy, lasting weeks and frequently months; the sporadic type ends fatally in about four or five days.

Heubner lays great stress upon the value of lumbar puncture in the epidemic form of cerebro-spinal meningitis. Heretofore the only means of distinguishing the purulent form from the tuberculous during life has been by the character of the fluid aspirated from the spinal canal. The bacteriological examination, however, is conclusive, and is easily made. A pure culture is obtained by inoculating the surface of agar with the aspirated fluid. It grows very rapidly, yielding a yellowish growth, shining and having a slime-like character. A smear from the pure culture is then taken and stained with Ziehl's solution.

The author quotes from Councilman, who states that an examination of the spinal fluid should be made in every case; he believes that "all infections of the meninges other than that by the diplococcus cellularis are fatal,